

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155321		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2012	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 5544 E STATE BLVD FORT WAYNE, IN 46815			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 23-27, 2012.</p> <p>Facility number: 000214 Provider number: 155321 AIM number: 100267240</p> <p>Survey team: Diane Nilson, RN, TC Sue Brooker, RD Rick Blain, RN Angie Strass, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 47 Total: 54</p> <p>Census payor type: Medicare: 3 Medicaid: 43 Other: 8 Total: 54</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 31, 2012 by Bev Faulkner, RN</p>		F0000	<p>Please accept this Plan of Correction as our credible allegation of compliance. We respectfully request consideration for Paper Compliance for these deficiencies due to the low number of deficiencies and the low scope and severity. Additionally, it is important to note that our survey team suggested the request of Paper Compliance during our exit interview.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F0323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the water temperature was maintained within an acceptable range for safety for 3 resident rooms located on 2 of 3 halls. (Rooms 301, 305, and 103) This had the potential to affect 5 residents residing in the 3 rooms.</p> <p>Findings include:</p> <p>At 10:50 a.m., on 7/24/12, during resident observation in Room 301, the water temperature in the resident's bathroom sink felt hot to the touch.</p> <p>Water temperatures were checked in resident sinks and bathrooms, on the 3 halls of the facility, beginning at 11:00 a.m., on 7/24/12, with the Maintenance Director in attendance. The water temperature in the bathroom sink in resident Room 301 was noted to be 126 degrees Fahrenheit.</p> <p>The water temperature in resident</p>		F0323	<p>F323 Free of Accident Hazards/Supervision/Devices It is the policy of Miller's Merry Manor Fort Wayne to ensure that the resident environment remains as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Maintenance director immediately adjusted water temperature after 11:00am checks on 7/24/12 to return levels back within 100-120 degree range. By 11:48am on 7/24/12 when surveyors checked again, temperatures were back within acceptable range. Poorman's Heating and Air was called to the facility on 7/24/12 just as a precaution to make sure there were no mechanical issues within our system and no issues were found (Attachment A). On 8/6/12, staff was inserviced on properly identifying and reporting water that is too warm to touch. They were also inserviced on removing residents from the danger of hot water. All residents had the potential to be affected by this deficiency. Maintenance Director routinely checks water temperatures and completes logs</p>		08/17/2012	

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	<p>Room 305 registered 126 degrees. The water temperature in resident Room 103, on the 100 hall, registered 124 degrees Fahrenheit.</p> <p>The Maintenance Director indicated there were 3 hot water tanks stored in the electrical/boiler room. He indicated that on 7/23/12, the water for the dishwasher in the kitchen was not hot enough so he had to increase the temperature gauge on the hot water tanks. He indicated he adjusted the hot water temperatures on 7/23/12 in order to get the water in the dishwasher hot enough, and indicated this probably would make the temperatures in the resident rooms higher.</p> <p>He indicated he routinely checked two resident rooms on each hall for water temperatures on a weekly basis. He indicated the water temperatures would be about the same throughout the building depending on water usage, and there could be about a 4 degree variance. He indicated the water temperature in resident rooms normally read between 114-117 degrees Fahrenheit.</p> <p>The water temperatures were rechecked at 11:48 a.m., on 7/24/12 with the Maintenance Director and</p>				<p>to identify any areas of concern. We will continue to follow our water temperature checking procedure. The "Water Temperature Checks" log (Attachment B) will be completed by the Maintenance Director 3x's per week for the next 2 weeks, then 2x's per week for 2 weeks, and weekly thereafter. Any issues will be corrected immediately. In addition, any issues will also be noted on the "Maintenance Services Review" QA tool (Attachment C) and logged on our QA summary audit to be discussed at our monthly QA meetings.</p>		

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	<p>indicated the following readings: Room 301 - 119 degrees F. Room 305 - 119 degrees F. Room 103 - 118 degrees F.</p> <p>Review of the weekly logbook documentation for water temperatures for June and July, 2012, provided by the Maintenance Director on 7/24/12, indicated all of the water temperatures taken in resident rooms were in acceptable ranges.</p> <p>On 7/25/12 at 1:30 p.m., The Maintenance Director indicated he attended all the safety meetings and there had been no incidents reported in the safety meetings regarding resident injuries or burns related to elevated water temperatures.</p> <p>3.1-19(c)</p>						

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to ensure food in the dry storage area was stored correctly, failed to ensure there were thermometers in 2 reach-in refrigerator units, failed to ensure the temperature of the rinse cycle of the dishmachine was at the correct temperature, and failed to ensure staff washed hands appropriately during meal service potentially affecting 54 residents of 54 residents who ate meals prepared by the facility kitchen.</p> <p>Findings include:</p> <p>1. During an observation of the kitchen on 7/23/12 at 6:10 p.m., the following was observed:</p> <p>- a 25 lb bag of Thick & Easy was open and not re-sealed. A plastic cup was inside the open bag. A 15 pound box of de-hydrated onions was open and not re-sealed in the dry</p>			F0371	<p>F-Tag 371: Food Procure/Store/Prepare/ Serve- Sanitary</p> <p>It is the policy of Miller's Merry Manor, Fort Wayne to procure food from sources approved or considered satisfactory by Federal, State, or Local authorities; and store, prepare, distribute and serve food under sanitary conditions. All food items were stocked away according to policy, procedure and in a sanitary condition. Dietary manager checked each reach in refrigerator and freezer to ensure that it was equipped with a thermometer. Dishes were put through the wash and rinse cycle at an acceptable range of temperature. All residents were at risk to be affected by this deficiency. On 7/24/12 an inservice was provided to dietary staff regarding dish machine temperatures. A log was created to record the temperature of the Wash and Rinse cycle each time a load of dishes was ran through (Attachment F). This log replaced the current log that recorded dish machine temps at each meal time from 7/24-7/30. The</p>		08/17/2012

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	<p>storage area</p> <p>- no thermometers were observed inside the True reach-in refrigerator unit and the Hobart reach-in refrigerator unit</p> <p>Cook #1 was interviewed on 7/23/12 at 6:20 p.m. During the interview, he indicated the True reach-in refrigerator unit was new and a thermometer had not been placed on the inside.</p> <p>2. During an observation of the kitchen on 7/24/12 at 1:05 p.m., the temperature of the rinse cycle on the dishmachine registered at 172 degrees. Food Service Assistant #3 had already run two dishwasher racks containing dishes through the dishmachine with a dishwasher rack containing dishes still being run in the dishmachine. Food Service Assistant #3 was instructed the dishmachine could no longer be used due to the low rinse temperature. She was also instructed the dishes in the dishmachine and the two dishmachine racks of dishes already run through the dishmachine could not be used and had to be cleaned and sanitized again.</p>		<p>Corporate Dietician made routine visit on 8/2/12 to review all the dietary logs.</p> <p>The dietary staff was immediately inserviced on hand washing on 7/27/12 by the CDM. On 7/31/12, the CDM provided additional inservice training to all dietary staff on the following policy and procedures; "Hand Washing", "Refrigerator/Freezer Temperature Manuals", "Food Protection and Storage Manual", and "Cold Food Storage Manual"(Attachments G-J). Corporate dietician will continue to make routine monthly visits to monitor compliance.</p> <p>On 7/31/12 the CDM reviewed lid containers for all bulk items to ensure that there were no open containers in dry storage. All containers are labeled, dated and on the appropriate shelving.</p> <p>"Dietary Services Review" QA audit tool will be used by CDM 2x's weekly for two weeks and weekly thereafter (Attachment K). Any issues will be immediately corrected and noted on the QA summary log to be discussed at the monthly QA meeting.</p>				

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	<p>The Dietary Manager was informed immediately of the low rinse cycle temperature in the dishmachine. During the interview, she indicated the temperature of the rinse cycle on the dishmachine registered at 180 degrees when taken in the morning, but the temperature of the hot water tank in the facility had to be lowered due to high water temperatures in the resident rooms. The Dietary Manager then notified the Environmental Director of the low temperature of the rinse cycle on the dishmachine. Following the Environmental Director adjusting the temperature of the rinse cycle of the dishmachine, the first dishmachine rack of dishes had to be run 3 times before the rinse cycle registered 180 degrees.</p> <p>During an observation of the kitchen on 7/24/12 at 1:20 p.m., the 25 lb bag of Thick & Easy was open and not re-sealed. The plastic cup remained inside the open bag in the dry storage area.</p> <p>3. During an observation of the kitchen on 7/26/12 at 11:04 a.m., the following was observed:</p> <p>- a case containing 12- 40 ounce cans of tomato juice was observed on the floor in the dry storage room, a 25</p>						

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	<p>pound box of powered sugar was open and not re-sealed, a 5 pound box of corn muffin mix was open and not re-sealed, and the same 25 lb bag of Thick & Easy was open and not re-sealed in the dry storage area.</p> <p>The Dietary Manager was interviewed on 7/26/12 at 11:05 a.m. During the interview she indicated the case containing tomato juice was delivered on 7/25/12 and should have already been put away on the shelf.</p> <p>4. During an observation of the kitchen during the lunch meal on 7/26/12 at 11:18 a.m., Cook #2 was observed to wash his hands for the appropriate amount of time, he did put soap on his hands but was not observed to lather his hands before rinsing.</p> <p>During an observation of the lunch meal on 7/26/12 at 11:20, Cook #2 was observed to wash his hands for the appropriate amount of time. He did put soap on his hands, but was not observed to lather his hands before rinsing.</p> <p>During an observation of the lunch meal on 7/26/12 at 11:28, Cook #2 was observed to wash his hands for the appropriate amount of time. He</p>						

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	<p>did put soap on his hands but was not observed to lather his hands before rinsing.</p> <p>The Dietary Manager was interviewed on 7/27/12 at 9:00 a.m. During the interview, she indicated opened foods in dry storage area should be re-sealed and dated, thermometers should be in all coolers and freezers, and employees should lather hands with soap for the appropriate amount of time before rinsing.</p> <p>A current facility policy "Food Protection and Storage," dated 10/15/09 and provided by the Dietary Manager on 7/27/12 at 9:50 a.m., indicated "...It is policy that all foods shall be stored and protected under safe and sanitary condition...Items stored 6" off the floor on shelves, racks, or dollies...Open boxes, containers of food are securely enclosed, labeled, and dated...No scoops inside canisters of staple items...Thermometers inside refrigerator units, in full view...."</p> <p>A current facility policy "Handwashing," dated 10/15/09 and provided by the Dietary Manager on 7/27/12 at 9:50 a.m., indicated "...Proper handwashing is the first line</p>						

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	<p>of defense in stopping food borne illness outbreaks...Apply soap...Rub hands vigorously together for 20 seconds with attention paid to areas underneath the fingernails and between the fingers...Rinse thoroughly under running water...."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						

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F0431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure 2 of 3 medication room</p>			F0431	<p>F 431 Label/Store Drugs and Biologicals It is the policy of Miller's Merry Manor Fort Wayne to store all drugs and biologicals in locked compartments under</p>		08/17/2012

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	<p>refrigerators were at the proper temperature for storing medications.</p> <p>Finding includes:</p> <p>1. On 7/26/12 at 2:11 p.m., observation of the 100 hall medication room refrigerator indicated the temperature of the refrigerator was 28 degrees. Review of the contents of the refrigerator indicated an "Insulin EDK Kit" which was unopened and 5 unopened vials of PPD serum (purified protein derivative for TB testing).</p> <p>Review of the July 2012 100 Hall refrigerator daily temperature log indicated the following temperatures.</p> <p>7/1/12 - 25 degrees 7/2/12 - 20 degrees 7/3/12 - 32 degrees 7/4/12 - 30 degrees 7/5/12 - 10 degrees 7/6/12 - 13 degrees 7/7/12 - 15 degrees 7/8/12 - 32 degrees 7/9/12 - 32 degrees 7/10/12 - 34 degrees 7/11/12 - 30 degrees 7/12/12 - 50 degrees 7/13/12 - 32 degrees 7/14/12 - 30 degrees 7/15/12 - 32 degrees</p>				<p>proper temperature controls. The unopened "Insulin EDK kit" was sent back to supplier and five unopened vials of PPD serum that were being stored below the acceptable temperature range in 100 unit refrigerator were disposed of immediately on 7/26/12. Three unopened vials of insulin in the 300 unit refrigerator were also disposed of immediately on 7/26/12. Insulin and PPD serum will be stored at manufacturers recommended temperatures of 36-46 degrees Fahrenheit All residents on the 100 and 300 units had the potential to be affected by this deficiency. A new temperature log was created on 7/26/12 to be placed on each med room refrigerator (Attachment D). Temperatures below acceptable range will be indicated by checking the BLUE area and temperatures above the acceptable range will be indicated by a checkmark in the RED area of the log. The nursing staff was inserviced on the new log on 7/26/12, and then again on 8/6/12. All three med room refrigerators were assessed by the Maintenance director to determine if they were in proper working order. A new refrigerator was purchased for the 100 unit med room on 7/30/12. 200 and 300 unit refrigerators are newer and in proper working order. Temperatures are recorded by staff daily on the new med room</p>		

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	<p>7/16/12 - 30 degrees 7/17/12 - 35 degrees 7/19/12 - 30 degrees 7/22/12 - 22 degrees - 32 degrees 7/25/12 - 35 degrees 7/26/12 - 30 degrees</p> <p>2. On 7/26/12 at 2:25 p.m., observation of the 300 hall medication room refrigerator indicated the temperature was 41 degrees. There were 3 vials of unopened insulin in the refrigerator. Review of the refrigerator log for the month of July 2012 indicated the temperature of the refrigerator was being checked daily. Review of the July log indicated the following temperatures.</p> <p>7/4/12 - 32 degrees 7/6/12 - 32 degrees 7/8/12 - 32 degrees 7/7/9/12 - 34 degrees 7/12/12 - 34 degrees 7/13/12 - 35 degrees 7/14/12 - 34 degrees 7/15/12 - 32 degrees 7/16/12 - 34 degrees 7/18/12 - 32 degrees 7/19/12 30 degrees 7/20/12 - 28 degrees 7/21/12 - 34 degrees 7/24/12 - 32 degrees 7/25/12 - 34 degrees</p>		refrigerator log. Nursing administration reviews the logs 5x's weekly to identify any concerns. Any issues will be corrected immediately and noted on the monthly QA log. In addition, any issues noted on the QA tool, "Medication Room/Refrigerator Storage Review" will be corrected immediately and be noted on the QA log to be addressed at our monthly QA meeting (Attachment E).				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155321		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2012	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 5544 E STATE BLVD FORT WAYNE, IN 46815			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>7/26/12 - 32 degrees</p> <p>On 7/26/12 at 3:30 p.m., interview with the Corporate Nurse indicated Insulin should be stored between 36-46 degrees.</p> <p>3.1-25(m)</p>						